

# STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received  
Official Use Only

## COVER PAGE

### A PUBLIC DOCUMENT

2019-04-20 10:00:00

(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)

Iverson

Jon

Davis

#### 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Natural Resources Agency, Department of Conservation

Division, Board, Department, District, if applicable

Your Position

Division of Oil, Gas, and Geothermal Resources

Senior Oil and Gas Engineer (Supervisor)

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

#### 2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County \_\_\_\_\_

County of \_\_\_\_\_

City of \_\_\_\_\_

Other \_\_\_\_\_

#### 3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2018.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

The period covered is January 1, 2018, through the date of leaving office.

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

#### 4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

##### Schedules attached

Schedule A-1 - Investments – schedule attached  
 Schedule A-2 - Investments – schedule attached  
 Schedule B - Real Property – schedule attached

Schedule C - Income, Loans, & Business Positions – schedule attached  
 Schedule D - Income – Gifts – schedule attached  
 Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  None - No reportable interests on any schedule

#### 5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
-------------------------------------------------------------------------------	--------	------	-------	----------

195 S. Broadway, Suite 101

Orcutt

CA

93455

DAYTIME TELEPHONE NUMBER

( 805 ) 465-9640

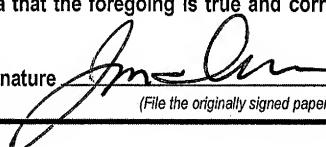
EMAIL ADDRESS

Jon.Iverson@conservation.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 21, 2019  
(month, day, year)

Signature   
(File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

*Do not attach brokerage or financial statements.*

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jon Iverson

► NAME OF BUSINESS ENTITY

Vanguard Institutional 500 Index Trust

GENERAL DESCRIPTION OF THIS BUSINESS

S&P 500 Investment

FAIR MARKET VALUE

- |                                                             |                                               |
|-------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000                 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 | <input type="checkbox"/> Over \$1,000,000     |

NATURE OF INVESTMENT

- |                                      |                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Stock       | <input type="checkbox"/> Other _____<br>(Describe)                                                                                    |
| <input type="checkbox"/> Partnership | <input type="radio"/> Income Received of \$0 - \$499<br><input type="radio"/> Income Received of \$500 or More (Report on Schedule C) |

IF APPLICABLE, LIST DATE:

\_\_\_\_ / \_\_\_\_ / **18**      \_\_\_\_ / \_\_\_\_ / **18**  
ACQUIRED                  DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- |                                                             |                                               |
|-------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> \$2,000 - \$10,000                 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 | <input type="checkbox"/> Over \$1,000,000     |

NATURE OF INVESTMENT

- |                                      |                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Stock       | <input type="checkbox"/> Other _____<br>(Describe)                                                                                    |
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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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|-------------------------------------------------------------|-----------------------------------------------|
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NATURE OF INVESTMENT

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|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
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\_\_\_\_ / \_\_\_\_ / **18**      \_\_\_\_ / \_\_\_\_ / **18**  
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NATURE OF INVESTMENT

- |                                      |                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
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NATURE OF INVESTMENT

- |                                      |                                                                                                                                       |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Stock       | <input type="checkbox"/> Other _____<br>(Describe)                                                                                    |
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\_\_\_\_ / \_\_\_\_ / **18**      \_\_\_\_ / \_\_\_\_ / **18**  
ACQUIRED                  DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- |                                                             |                                               |
|-------------------------------------------------------------|-----------------------------------------------|
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NATURE OF INVESTMENT

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|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Stock       | <input type="checkbox"/> Other _____<br>(Describe)                                                                                    |
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IF APPLICABLE, LIST DATE:

\_\_\_\_ / \_\_\_\_ / **18**      \_\_\_\_ / \_\_\_\_ / **18**  
ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Jon Iverson

**► 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Gloyd Therapy Services, Inc

ADDRESS (Business Address Acceptable)

1400 E Church St, Santa Maria, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Physical Therapy

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED       No Income - Business Position Only

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

(Describe)

Other \_\_\_\_\_  
(Describe)

**► 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Dignity Health Corp

ADDRESS (Business Address Acceptable)

1400 E Church St, Santa Maria, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Physical Therapy

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED       No Income - Business Position Only

\$500 - \$1,000       \$1,001 - \$10,000

\$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary       Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
Schedule A-2.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

(Describe)

Other \_\_\_\_\_  
(Describe)

**► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

- \* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_ %       None

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

SECURITY FOR LOAN

None       Personal residence

HIGHEST BALANCE DURING REPORTING PERIOD

Real Property \_\_\_\_\_ Street address

\$500 - \$1,000

\_\_\_\_\_ City

\$1,001 - \$10,000

Guarantor \_\_\_\_\_

\$10,001 - \$100,000

Other \_\_\_\_\_

OVER \$100,000

(Describe)

Comments: \_\_\_\_\_